



CHAPIN HALL



Parents As Teachers (PAT)

Key Continuous Quality Improvement (CQI) Considerations

CQI BRIEF FOR CALIFORNIA COUNTIES AND EBP PROVIDERS

INTRODUCTION

As California continues to strive for excellence in child welfare, the implementation of evidence-based practices (EBPs) is a fundamental component of the Family First Prevention Services (FFPS) prevention plan. **This policy brief is designed to provide counties and providers with a comprehensive framework for implementing Parents as Teachers (PAT)**, a well-supported evidence-based practice approved by the Family First Prevention Services Clearinghouse to meet the diverse needs of at-risk youth and their families.



This policy brief guides counties and providers in applying continuous quality improvement (CQI) activities to support the effective implementation of PAT under [California's Five-Year State Prevention Plan](#). It outlines requirements for data collection, reporting, and review to meet both **federal CQI requirements under the Family First Prevention Services Act (FFPSA)** and **state expectations for CQI activities outlined in California's CQI Plan**. Together, these activities support real-time program

monitoring, data-driven decision-making, and compliance with IV-E reimbursement standards.

Counties and agencies delivering PAT should use this brief as a guide for measuring the success of PAT in their local context, applying required CQI activities, and ensuring implementation meets federal IV-E reimbursement requirements. This brief supports local discussions, outlines the data tracking and sharing requirements established in the CQI Plan, and establishes feedback loops that inform program delivery and continuous improvement. The CQI prompts are designed to support reflection on program effectiveness, address implementation challenges, and guide data-driven decision-making to better meet the needs of children and families.

The information presented in this resource, including service descriptions, target populations, program or service delivery, and implementation details, is informed by several key sources. These include meetings with the PAT developer/purveyor and California's Family First Prevention Services CQI Subcommittee, Family First Prevention Services Advisory Committee, Community Pathway Subcommittee, and IV-E Subcommittee Committee.

Key Terms

Developer/Purveyor: The entity responsible for creating and supporting the implementation of the EBP. They provide training, resources, and guidance to ensure fidelity and effective implementation.

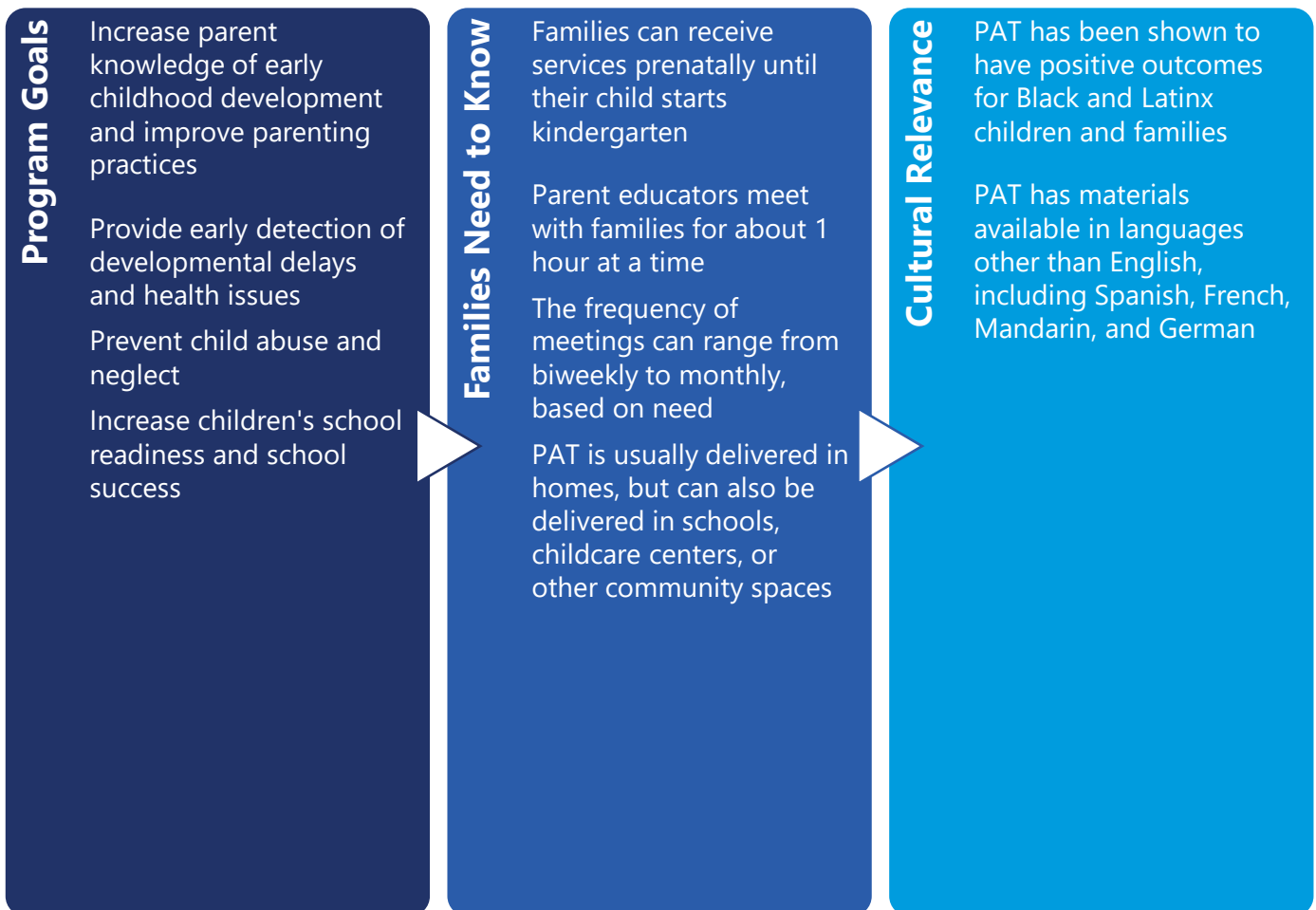
Provider: The individual or organization delivering the EBP services directly to children and families.

PARENTS AS TEACHERS PROGRAM OVERVIEW

Parents as Teachers (PAT) is a home visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success. The PAT model includes four core components: personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks. Families can begin the program prenatally and continue through when their child enters kindergarten. Services are offered on a biweekly or monthly basis, depending on family needs. Sessions are typically held for 1 hour in the family's home, but can also be delivered in schools, childcare centers, or other community spaces.

Who is Eligible?

Expectant parents – continuing until their child reaches kindergarten – who are in high-risk environments. Families may not be eligible if the child is outside this age range.



DATA REQUIREMENTS FOR CQI

CQI is a critical part of implementing EBPs as part of California's Family First Prevention Services (FFPS) Prevention Plan. The California CQI Plan outlines expectations for counties and EBP providers to collect, analyze, and use data to monitor program delivery and support continuous improvement.

To guide this work, the CQI Plan identifies four core categories of data collection, each essential to understanding implementation and driving progress.

Key Metrics for Continuous Quality Improvement (CQI)

To support continuous improvement and federal IV-E compliance, agencies delivering evidence-based programs (EBPs) must regularly collect and review data across four core categories:

- 1 Capacity** – Measures the staffing, infrastructure, and resources required to deliver services effectively. Capacity data tracks the number of trained staff, supervisors, and service sites, helping counties and providers assess whether programs are adequately resourced to meet the needs of families.
- 2 Reach** – Tracks the extent to which eligible children, youth, and families are identified, referred, and engaged in services. Reach data helps ensure services are accessible and equitably distributed, identifying gaps in engagement or disparities in service delivery.
- 3 Outcomes** – Captures the impact of services on children, youth, and families, including measures of engagement, behavior change, and safety outcomes. Outcome data helps counties and providers understand whether services are achieving their intended goals and where additional support or adjustments may be needed.
- 4 Fidelity** – Monitors whether services are delivered as intended, using approved fidelity monitoring tools or guidelines. Fidelity data helps ensure staff are meeting competency standards and following model expectations, which is critical for achieving desired outcomes and maintaining IV-E compliance.

These metrics provide a comprehensive view of program effectiveness and should be used to guide local CQI activities and inform state-level monitoring.

More information on this framework can be found here: [Measurement Framework for Implementing and Evaluation Preventive Services](#).

Together, these categories form the foundation for EBP-related CQI activities. Regularly reviewing data across these areas helps counties and EBP providers assess performance, surface barriers, and make informed adjustments to better support children and families.

Detailed definitions, indicators, and reporting expectations for each category specific to PAT are provided in [Appendix A](#).

PAT-SPECIFIC DATA REQUIREMENTS

The [PAT Measurement Framework](#) outlines how counties and EBP providers delivering PAT should collect and use data across the four CQI domains – capacity, reach, fidelity, and outcomes. **Counties and EBP providers are expected to track data regularly across all domains to ensure timely, complete, and accurate information is available to support both local and state-level CQI activities.**

The California CQI Plan emphasizes the importance of both local and state-level CQI processes to promote continuous learning and accountability. **At the county level, data is used to assess implementation progress, identify barriers, and inform continuous improvement.** Counties are encouraged to partner with providers—ideally through CQI teams—to review and apply data to local decision-making. County CQI Team leads will pull relevant reports from CARES on a regular basis: monthly for site-level capacity and individual-level reach data, quarterly for individual-level fidelity and outcomes data, and annually for aggregate-level dashboards.

At the state level, the CDSS uses data submitted through the CARES Provider Portal, the standardized PAT template, and standardized provider templates to monitor program performance, generate Tableau dashboards, and fulfill Title IV-E reporting requirements under FFPSA. Federal reimbursement is contingent on meeting the requirements outlined in California’s Five-Year Prevention Plan (see pages 27, 39, and 52).

Appendices [A](#) and [B](#) outline the required measures, data elements, and templates used for PAT data collection across all four domains.

Data Collection and Use

Child Welfare agencies and Community-Based Organizations (CBOs) delivering PAT should track utilization daily.

Site-Level Capacity Data

- **Collection:** Entered into the CARES Provider Portal by PAT providers and CBOs for families receiving PAT services. Elements collected are listed in **Table 1** of [Appendix A](#).
- **Use:** CARES capacity reports will be pulled monthly by County CQI Team leads in preparation for their county CQI Teams and by the CDSS for statewide monitoring.

Individual-Level Reach Data

- **Collection:** Entered into CARES for child welfare-involved families and into the CARES Provider Portal for Family First community pathway candidate families who are not involved with child welfare or probation. Elements collected are listed in **Table 2** of [Appendix A](#).
- **Use:** CARES reach reports will be pulled monthly by County CQI Team leads and by the CDSS for statewide monitoring.

Individual-Level Fidelity and Outcomes Data

- **Collection:** Collected by PAT providers and CBOs using a standardized provider template ([Appendix B](#)) or pulled from a site’s own database management system or spreadsheets. Elements are listed in [Appendix C](#).

- **Use:** PAT providers and CBOs will prepare and share this data quarterly with the County CQI Team leads, using either the standardized template or exports from their own database management system or spreadsheets.

Aggregate-Level Fidelity and Outcomes Data

- **Collection:** PAT providers will upload aggregate fidelity and outcomes data annually via the FFPSA portal in CARES.
- **Use:** County CQI Team leads will access aggregate-level fidelity and outcomes Tableau dashboards in CARES for use in county CQI Teams.

For a full list of required PAT measures and indicators, see [Appendix A](#).

CQI TRAINING

To support the implementation of California's FFPS CQI Plan and the PAT program, required training will be provided to county FFPS leads and PAT providers. This training will be delivered over the course of up to three days and is designed to build the knowledge and skills needed to effectively engage in CQI activities. Additional information about the required CQI training is available in the [California Family First Prevention Services Continuous Quality Improvement Implementation Plan](#).

RESOURCES

To ensure the successful implementation of PAT, it is crucial to establish a strong relationship between the PAT provider, the PAT developer/purveyor, and the county. Here are the steps to initiate this process:

Providers Contact PAT: Reach out to Parents as Teachers, the official developer/purveyor of PAT. Contact information can be found on their website: <https://parentsasteachers.org/>. Initiate a conversation to discuss your interest in implementing PAT and to seek guidance on the next steps.

Providers and County Leaders Contact Your Local CPP Lead: Providers or counties looking to implement PAT for IV-E reimbursement should contact their local Comprehensive Prevention Planning Lead to ensure their implementation plans align with state and federal requirements, including IV-E reimbursement guidelines. Follow this link to determine your point of contact: <https://cdss.ca.gov/Portals/9/CCR/FFPSA/ffps-title-iv-eagency-county-contact-list.pdf>

You can also submit additional questions to the FFPS Inbox at FFPSAPreventionServices@dss.ca.gov

STAY CONNECTED!

The [California Family First Prevention Services Continuous Quality Improvement \(CQI\) Plan](#) was developed with input from the CDSS leadership, counties, and advisory subcommittees across the state. It outlines core CQI structures, guidance, and tools to support counties and providers.

California will continue to build on this work through the [CQI Implementation Plan](#) and other prevention resources. Check for updates at [Prevention Resources – Child and Family Policy Institute of California](#), and reach out to FFPSAPreventionServices@dss.ca.gov to share questions, experiences, or lessons learned.

REFERENCES

Chapin Hall at the University of Chicago. (n.d.). Measurement framework.

<https://www.chapinhall.org/research/measurement-framework>

Hyland, S. T., & O'Brien, J. (2023). Evidence-based programs desk guide 2023. Chapin Hall at the University of Chicago.

Parents as Teachers. (n.d.). *Parents as Teachers*. <https://parentsasteachers.org/>

U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (n.d.). Title IV-E prevention services clearinghouse. <https://preventionservices.abtsites>

APPENDIX A: PAT MEASUREMENT FRAMEWORK

This appendix outlines the data elements, indicators, reporting expectations, and CQI prompts for each of the four core measurement domains: capacity, reach, fidelity, and outcomes. **It is recommended that all stakeholders review and familiarize themselves with this information to clearly understand the expectations for tracking and assessing critical components of program implementation.** CQI prompts are included to guide discussions, identify successes, address barriers, and support effective program implementation and oversight.

Capacity

Capacity refers to the resources dedicated by the agency or program to effectively deliver services to children and families, including staffing, infrastructure, and service availability. Adequate capacity is essential for successful implementation of PAT and influences the program’s ability to meet community needs.

Table 1 outlines key capacity measures required to monitor program implementation. **PAT providers will submit capacity data for each provider site monthly through the CARES Provider Portal.** Counties should review capacity data and conduct CQI activities monthly.

Table 1. Description of PAT Capacity Data Elements

Measure	Indicator	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level (Counties & CDSS)	Data Submission Format (Counties & CDSS)	Reporting Cadence	
						Counties	CDSS
Staffing	Total # of provider agency sites	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of full-time model-trained or certified practitioners	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of part-time model-trained or certified practitioners	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of supervisors	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Supervisor / Practitioner Ratio	1:6	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Full-time/Part-time Caseload	40 visits per month for full-time Parent Educators in their first year	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

50 visits per month for full-time Parent Educators in their second year and beyond

The number of visits completed monthly is decreased proportionately for part-time Parent Educators

Service Duration	104 weeks (2 years)	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
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Capacity CQI Prompts:

- **Analyze Waitlist and Capacity Data:** Combine waitlist information, reach data, and staffing levels to identify if more clinicians or service slots are needed in specific communities.
- **Address Staffing Challenges:** If Supervisor/Clinician ratios, caseloads, or service duration are not meeting standards, collaborate with providers to identify barriers and develop solutions.

Reach

Reach refers to the extent to which the program engages its target population by ensuring eligible children and families are identified, referred to, and actively enrolled in services. It measures how well PAT is serving those it is intended to reach and whether the service is accessible to those in need.

Table 2 lists the reach data elements to be tracked for effective outreach and engagement. **PAT providers will submit reach data monthly through the CARES Provider Portal.** Counties should review reach data and conduct CQI activities monthly.

Table 2. Description of Standardized Reach Data Elements

Measure	Indicator	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level (Counties & CDSS)	Data Submission Format (Counties & CDSS)	Reporting Cadence	
						Counties	CDSS
Eligible Child Welfare & Probation Candidates <i>(This data will come from the Title IV-E agency)</i>	Total # of FM/VFM/602 youth who come to the attention of the agency ¹	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # identified as a Family First candidate <ul style="list-style-type: none"> • FM – Family Maintenance • VFM – Voluntary Family Maintenance • 602 WIC Petition² 	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # identified as a Family First pregnant or parenting youth in care (PPY)	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # not identified as a candidate	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
Eligible Community Pathway Candidates <i>(This data will come from the Title IV-E agency)</i>	Total # of community pathway children granted IV-E agency candidacy approval	County Title IV-E Agency	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of community pathway children denied IV-E agency candidacy approval <ul style="list-style-type: none"> • Reason for denial <ul style="list-style-type: none"> ○ MH, SA, or PS imminent risk/need not identified ○ Child outside of age range of the recommended EBP 	County Title IV-E Agency	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Referrals to Providers	Total # candidates referred to an EBP provider	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

¹ Total number of referrals to Probation (inclusive of citations and arrests)

² Youth referred to Probation by a Law Enforcement Agency for alleged involvement in delinquent behavior that could result in a WIC 602 petition.

EBP Service Uptake	Total # candidates who started the EBP	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # candidates who did not start the EBP <ul style="list-style-type: none"> • Reason did not start the EBP <ul style="list-style-type: none"> ○ No action taken; referral still in process ○ Placed on waitlist; median days on waitlist ○ Provider rejected referral ○ Provider unable to contact or engage with the family ○ Family did not consent, etc. ○ Other 	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Service Completion	Total # candidates who completed the full EBP	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # candidates who did not complete the full EBP <ul style="list-style-type: none"> • Reason did not complete the full EBP <ul style="list-style-type: none"> ○ Provider unable to contact or engage with family ○ Family withdrew ○ Family no longer eligible ○ Provider capacity issues ○ Other 	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

Reach CQI Prompts:

Look at eligible child welfare and probation candidates and compare with the number referred to PAT, started PAT, and completed PAT.

Discuss strategies to address:

- **Service Flow:** Compare eligible candidates to those referred, enrolled, and completed.
- **Waitlists:** Identify causes and reduce delays.
- **Referral Rejections:** Address common reasons for declined referrals.
- **Family Contact:** Improve provider outcome and engagement.
- **Consent Issues:** Increase family consent rates.
- **Withdrawals:** Identify strategies to reduce early terminations.
- **Eligibility Changes:** Minimize service disruptions.
- **Provider Capacity:** Align staffing and resources to demand.

Outcomes

Outcomes refer to the measurable impacts of the program on children and families, demonstrating whether PAT is achieving its intended goals. These metrics help assess program effectiveness and inform continuous quality improvement efforts.

Table 3 outlines the key outcome measures needed to monitor and evaluate program success. **PAT providers will use a standardized template to upload outcome data annually via the FFPSA portal in CARES.** Counties should review outcome data and conduct CQI activities quarterly.

Table 3. Description of PAT Outcome Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
Increased Positive Parenting Practices	% of primary caregivers with children in the target level age range whose caregiver-child interaction was assessed using a validated tool.	60%	Approved, validated tool ³	Collected at end of pregnancy.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually
Improved Pregnancy Outcomes	% of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm and with very low birth weight following program enrollment.	<15%	PAT Forms or site's Data Management System (DMS)	Collected after the child's birth, usually during the first post-birth visit.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually
Improved Child Health & Development	% of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool.	60%	Approved, validated tool ⁴	Collected within 90 days of enrollment for children aged 4 months or older, and then at least once annually.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually
	% of children enrolled in home visiting referred for services for a positive screen for developmental delays (measured using a validated tool) who received services in a timely manner.	56.8%	PAT Forms or site's Data Management System (DMS)	Collected after a positive screen.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually

³ Approved PAT caregiver-child interaction tools include AAPI-2, HFPI, HOME, KIPS, PICCOLO, PSI-4, PSS, PAPF, and PFS-2.

⁴ Approved PAT developmental screening tools include ASQ-3, ASQ-SE, DECA, Brigance Early Childhood Screens III, DIAL-4, IDA-2, and PEDS.

Improved Caregiver Health	% of primary caregivers enrolled in home visiting for at least 3 months who were screened for depression within 3 months of enrollment OR 3 months of delivery (for those enrolled prenatally).	80%	Approved, validated tool ⁵	Collected within 90 days of enrollment for children aged 4 months or older, and then at least once annually.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually
	% of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.	41.4%	PAT Forms or site's Data Management System (DMS)	Collected after a positive screen.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually

Outcomes CQI Prompts:

- **Review PMR Data:** Analyze the PMR annually to discuss successes and identify challenges affecting outcome achievement. Encourage providers to share successful strategies.
- **Assess Population Impact:** Combine provider reach data to determine which populations are benefitting most from PAT (e.g., FM vs. VFM youth), considering factors such as race, ethnicity, gender, age, and provider.

⁵ Approved PAT depression screening tools include Beck's Depression, CES-D, EPDS-10, and PHQ-9.

Fidelity

Fidelity refers to how closely the program follows the prescribed PAT model to ensure services are delivered as intended. Maintaining high fidelity is crucial for achieving positive outcomes and ensuring program integrity.

Table 4 outlines the fidelity measures required to assess program adherence. **PAT providers will use a standardized template to upload fidelity data annually via the FFPSA portal in CARES.** Counties should review fidelity data and conduct CQI activities quarterly.

Table 4. Description of PAT Fidelity Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
Provider Received & Maintained Required Training	% of parent educators (PE) and new supervisors who will deliver Parents as Teachers services to families have attended the required PAT trainings before delivering PAT services.	100%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually
	% of PEs and supervisors delivering model services for the affiliate have a current Model Certified subscription.	100%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually
Meets Supervisor to Parent Educator Ratio	# of PEs per 1.0 FTE supervisor (the number of parent educators assigned to the supervisor decreases proportionately when the supervisor is not full-time).	≤6	Affiliate Performance Report (APR)	Collected as needed.	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually
Meets Visit Frequency Requirements	% of families with 1 or fewer stressors that received at least 75% of the required number of visits per month.	100%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually
	% of families with 2 or more stressors that received at least 75% of the required number of visits per month.	100%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually
Meets Developmental Screening Requirements	% of newly enrolled children who received a complete initial child developmental screening within 90 days of enrollment or birth.	100%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually

	% of children who received a complete annual child developmental screening during the program year.	100%	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually
	Affiliate used one of the PAT approved developmental screening tools ⁶ .	Yes/No	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually
Timely Submission of the PAT 21 Essential Requirements	Date of Affiliate Performance Report submission.	Date (MM/DD/YYYY)	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually
	% of affiliates that receive a score of ≥60% or pass on all 21 items in the Affiliate Performance Report (APR).	100%	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Annually

Fidelity CQI Prompts:

- **Review Performance Measures Report (PMR):** A PMR is automatically generated after providers submit the required Affiliate Performance Report (APR). The PMR summarizes data on how well the affiliate/site meets essential requirements.
- **Verify Training and Visit Compliance:** Review the APR and PMR to ensure adherence to training requirements, staff qualifications, and visit frequency standards.
- **Address Identified Challenges:** If data reveals challenges, counties should collaborate with providers and model developers to discuss and implement improvement strategies.

⁶ Approved PAT developmental screening tools include ASQ-3, ASQ-SE, DECA, Brigance Early Childhood Screens III, DIAL-4, IDA-2, and PEDS.

APPENDIX B: STANDARDIZED PROVIDER TEMPLATE

This template is optional. PAT providers will either pull all of the fidelity and outcome data fields depicted in the tables below from their own systems or spreadsheets on a quarterly basis for review during county CQI Team meetings, or complete the PAT Fidelity and Outcomes Report Template, which can be downloaded from the Child and Family Policy Institute of California (CFPIC) website at [this link](#).

The standardized template can be used to examine differences in the indicators by gender, race, and ethnicity as defined in Technical Bulletin #1 which is necessary for identifying potential disparities in program outcomes and addressing them through the county CQI Team.

Below are sample screenshots of a portion of the outcome and fidelity data captured at the individual level in the standardized template.

Fidelity			
Agency Name:		Site Name:	
Home Visiting Staff Identifier	Provider Received & Maintained Required Training		
Name of home visiting staff	Has the Parent Educator attended the required PAT trainings before delivering PAT services?	Does the Parent Educator who is delivering the model services for the affiliate have a current Model Certified subscription?	Has the new supervisor attended the required PAT trainings before delivering PAT services?

Outcomes											
Agency Name:			Site Name:								
Child Identifier											
DCFS/Probation Unique Identifier	HVP Model Child ID	Child Date of Birth	Child Sex	Child Hispanic or Latino Ethnicity	Child Race: White	Child Race: Black or African American	Child Race: Asian	Child Race: Native Hawaiian or Other Pacific Islander	Child Race: American Indian or Alaska Native	Child Race: Declined	Child Race: Unknown

Outcomes		
Increased Positive Parenting Practices	Improved Pregnancy Outcomes	
Was the caregiver-child interaction assessed using a validated tool (AAPI-2, HFPI, HOME, KIPS, PICCOLO, PSI-4, PSS, PAPF, or PFS-2)?	Was the child's mother enrolled in the home visiting program prenatally before 37 weeks?	If "Yes", was the child born preterm following enrollment in the home visiting program?

APPENDIX C: PROVIDER OUTCOME & FIDELITY TEMPLATES

Providers will complete the aggregate fidelity and outcome templates provided below. Providers are responsible for uploading their own model fidelity and outcomes documentation annually via the FFPSA portal in CARES. Counties will be able to access this data in aggregate through Tableau dashboards.

PAT Outcome Measures

Parents as Teachers (PAT)						
Provider sends the percentage for <u>each location</u> in a data file.						
Measure	Improved pregnancy outcomes	Improved child health and development		Improved positive parenting practices	Improved caregiver health	
Indicator	% of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment.	% of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool.	% of children enrolled in home visiting referred for services for a positive screen for developmental delays (measures using a validated tool) who receive services in a timely manner.	% of primary caregivers with children in the target level age range whose caregiver-child interaction was assessed using a validated tool.	% of primary caregivers enrolled in home visiting for at least 3 months who were screened for depression within 3 months of enrollment OR 3 months of delivery (for those enrolled prenatally).	% of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.
Target Level	15%	60%	56.80%	60%	80%	41.40%
Site 1						
Site 2						

PAT Fidelity Measures

Parents as Teachers (PAT)										
Provider sends the percentage or value for <u>each location</u> in a data file.										
Measure	Provider received and maintained required training		Meets supervisor to Parent Educator ratio	Meets frequency requirements		Meets developmental screening requirements			Timely submission of the PAT 21 Essential Requirements	
Indicator	% of parent educator (PE) and new supervisors who will deliver Parents as Teachers services to families have attended the required PAT trainings before delivering PAT services.	% of PEs and supervisors delivering model services for the affiliate have a current Model Certified subscription.	# of PEs per 1.0 FTE supervisor (the number of parent educators assigned to the supervisor decreases proportionately when the supervisor is not full-time).	% of families with 1 or fewer stressors that received at least 75% of the required number of visits per month.	% of families with 2 or more stressors that received at least 75% of the required number of visits per month.	% of newly enrolled children who received a complete initial child developmental screening within 90 days of enrollment or birth.	% of children who received a complete annual child development at screening during the program year.	Affiliate used one of the PAT approved developmental screening tools.	Date of Affiliate Performance Report submission.	% of affiliates that receive a score of ≥60% or pass on all 21 items in the Affiliate Performance Report (APR).
Target Level	100%	100%	<=6	100%	100%	100%	100%	Yes/No	Date (MM/DD/YYYY)	100%
Site 1										
Site 2										